MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02350

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT, OAKLAND MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location) BOX 306

3. NAME OF DECEASED (Type or Print) (First) OLEN (Middle) BURCHARD (Last) BITTINGER
4. DATE OF DEATH (Month) 2 (Day) 26 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 11-14-1906
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMAN STATE HIGHWAY
10b. KIND OF BUSINESS OR INDUSTRY STATE ROAD COMM.
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME BITTINGER, BURCHARD
14. MOTHER'S MAIDEN NAME KRAUSE, AMELIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Mrs. RUTH BITTINGER, OAKLAND?MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420 Immediate cause	(a) Myocardial Infarction	48 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 yrs
	(c) Obesity	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.24, 1953, to 2.26, 1953, that I last saw the deceased alive on 2.26, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE James H. Feaster Jr. (Degree or title) M.D. ADDRESS 58 2nd St Oakland, Md DATE SIGNED 2.27.53

23. BURIAL, CREMATION REMOVAL (Specify) NUPIAL
DATE THEREOF 3/1/1953
NAME OF CEMETERY OR CREMATORY ZION CHURCH CEMETERY
LOCATION (City, town, or county) (State) ACCIDENT, MARYLAND.

DATE REC'D BY LOCAL REG. 3/1/53
REGISTRAR'S SIGNATURE Julia A Rowan R
24. FUNERAL DIRECTOR Emroy D. Holden, ADDRESS OAKLAND, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01730

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — McHenry, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry, Md — LENGTH OF STAY (in this place) Rural — Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McHenry, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Frances (Last) (Glotfelty) Bowser.

4. DATE OF DEATH: (Month) (Day) (Year) 2/23/1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/3/1853

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): McHenry, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Clotfelty

14. MOTHER'S MAIDEN NAME: Ester (Warnick) Clotfelty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Harvey Allen Bowser, McHenry, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1/22.1 Immediate cause (a) Arteriosclerotic cardio - vascular disease — Interval between onset and death: 3-4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Edema & ascites — 1 month

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Feb, 1953, to 23 Feb, 1953, that I last saw the deceased alive on 22 Feb, 1953, and that death occurred at 3:55 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas J Lusby M D (Degree or title) — ADDRESS: Oakland, Md. — DATE SIGNED: 2/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/26/1953 — NAME OF CEMETERY OR CREMATORY: Thayerville Cemetery — LOCATION (City, town, or county) (State): Thayerville, Maryland

DATE REC'D BY LOCAL REG. 2/26/1953 — REGISTRAR'S SIGNATURE: Julia A. Tomar LR — 24. FUNERAL DIRECTOR — ADDRESS: Emory D. Bolden, Oakland, Md

RECEIVED
MAR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01731

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vindex; LENGTH OF STAY (in this place) 2hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnstown Coal &Coke Co Mines; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY GARRETT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; STREET ADDRESS (If rural, give location) Willow Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edward	Morris	Bray	Feb.	15,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	If under 24 hrs.: Hours	Min.
Male	white	Married	Oct. 18, 1896	56 yrs.	3	28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Night Watchman	Coal mines	near Kitzmiller, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Edward Bray	Mary Virginia Junkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	218-05-7421	Roy Bray, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	Immediately
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	1 Years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 19 52, to Feb. 15, 19 53, that I last saw the deceased alive on Feb. 9, 19 53, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Columbella	M.D	Kitzmiller Md	Feb. 16-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/18/53	Bray Cemetery	Rt. 38, Kitzmiller, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/53	A.W. Barrick	Otha F. Sharpless, Blaine, W.Va.	

COPY SENT TO LOCAL REGISTRAR NO. _____ DATE _____

RECEIVED
FEB 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01732

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville Md

LENGTH OF STAY (in this place): 11 yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	
Henry Clay Butler	Febuary 14	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	April 4.1855	97 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Was Farm Owner	Garett County Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Sylvaenes Butler	Lucy Durst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
	----	Melven Butler, Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Myocardial infarction — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized arteriosclerosis — DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH: years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Influenza. — 3 weeks.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct, 19 57, to Feb, 19 53, that I last saw the deceased alive on Jan 31, 19 53, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John J. Whitehill, Jr., M.D. Salisbury, Pa 2/14/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-16-1953	Grantsville	Grantsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/16/53	Ethel Broadwater	Wm. Mintzberg	Grantsville Md

VS. A15 8-51

RECEIVED
FEB 17
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01733

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gorman; MARYLAND; LENGTH OF STAY (In this place) 87 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Mi. West Gorman

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gorman, Md.; STREET ADDRESS (If rural, give location) 3 Mi. West Gorman, Md.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Peter	Alexander	Chisholm	Feb	8	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Widowed	11/8/1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Maryland	U.S.A.

13. FATHER'S NAME: William Chisholm

14. MOTHER'S MAIDEN NAME: Helen Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	-----	Alonzo Cummings Gormania, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Bronchitis — Interval between onset and death:

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. F. Baumgartner	M.D.	Oakland Md	Feb 10-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/11/1953	Chisholm Cemetery	near Gorman, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/11/1953	Julia A. Lowman L.R	Herbert C. Leighton	Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 24 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0173

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Lynn, Md.; LENGTH OF STAY (in this place) Life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Lynn, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Asbury (Last) Comls.

4. DATE OF DEATH: (Month) 2/17/1953 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/25/1890

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): Mt. Lake Park, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Albert Comls.

14. MOTHER'S MAIDEN NAME: Sarah Ann Harrison, Comls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) War #2 (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 236-12-4833

17. INFORMANT AND ADDRESS: Mrs. W. A. Comls, Loch Lynn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 18, 1946, to Feb 17, 1953, that I last saw the deceased alive on Feb 9, 1953, and that death occurred at 10:30 a m., from the causes and on the date stated above.

SIGNATURE E. F. Baumgartner (Degree or title) ADDRESS Oakland Md DATE SIGNED 2/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 2/20/1953; NAME OF CEMETERY OR CREMATORY Oakland Cemetery; LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 2/19/1953; REGISTRAR'S SIGNATURE Julia A. Rowan L.R.; 24. FUNERAL DIRECTOR Ernest D. Bolton; ADDRESS Oakland, Md.

FEB
U V. S

MARYLAND STATE DEPARTMENT OF HEALTH

01735

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home of Mrs. Mary Crowe

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park
STREET ADDRESS (If rural, give location): State Road

3. NAME OF DECEASED (Type or Print): (First) Addie (Middle) May (Last) Edgar

4. DATE OF DEATH: (Month) February (Day) 23, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4/1/1861

9. AGE last birthday: 91 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Pysell

14. MOTHER'S MAIDEN NAME: Rebecca Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Mrs. Mary Crowe Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchopneumonia — Interval between onset and death: 10 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1953, to Feb 25, 1953, that I last saw the deceased alive on Feb 22, 1953, and that death occurred at 4:00A m., from the causes and on the date stated above.

SIGNATURE: L. L. Baumgartner (Degree or title) M D ADDRESS: 25 Alder St Oakland Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/25/1953 | NAME OF CEMETERY OR CREMATORY: Thayerville Cemetery | LOCATION (City, town, or county) (State): Garrett Co., Md.

DATE RECD BY LOCAL REG.: 2/25/1953 | REGISTRAR'S SIGNATURE: Julia L. Rowan L.R. | 24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

RECEIVED
MAR 10 1953

01736

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Friendsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville ?d Star Route
LENGTH OF STAY (in this place) Entire time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Md, Star Route.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Frazee

4. DATE OF DEATH (Month) (Day) (Year) 2/7/1953 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 2/[illegible]/1865

9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of a Farm

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Near Friendsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Mathias Frazee,

14. MOTHER'S MAIDEN NAME Mary Friend.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Clayton Frazee, Friendsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4[illegible] Immediate cause	(a) Chronic Myocarditis	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952, to Feb 6, 1953, that I last saw the deceased alive on Feb 6, 1953, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE Milton Tepfer (Degree or title) M.D. ADDRESS Friendsville, Md DATE SIGNED Feb 10, 1953.

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF 2/10/1953

NAME OF CEMETERY OR CREMATORY Oakland Cemetery

LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 2/10/1953

REGISTRAR'S SIGNATURE Julia [illegible] Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

01737

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Maryland, LENGTH OF STAY (in this place): Since 1880
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cuppett Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Thomas Garrett
4. DATE OF DEATH (Month) (Day) (Year): 2/3/1953 19
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1/15/1866
9. AGE last birthday: 87 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Crossmolina, Ireland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Patrick Garrett
14. MOTHER'S MAIDEN NAME: Mary Sheridan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Edward O'Donnell, Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3 Immediate cause (a) Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Feb 12, 1953, that I last saw the deceased alive on Feb 8th, 1953 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. E. Kenzel M.D. Oakland - Md.

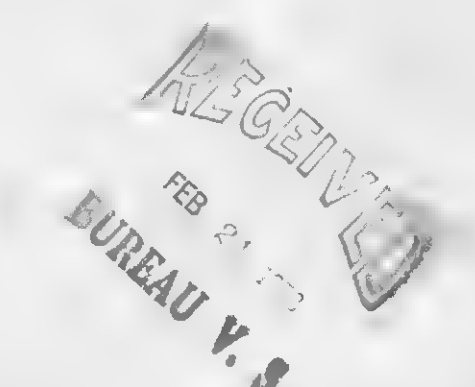
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/12/1953
NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
LOCATION (City, town, or county) (State): Oakland, Maryland.

DATE REC'D BY LOCAL REG.: 2/12/1953
REGISTRAR'S SIGNATURE: Julia R. Rowan
24. FUNERAL DIRECTOR: Emroy D. Bolden
ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
FEB 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0173[illegible]

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — Oakland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Md.
LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Maryland.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Rebecca (Last) Gilmore

4. DATE OF DEATH: (Month) 2/ (Day) [illegible] (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1/26/[illegible]

9. AGE last birthday: 7[illegible] yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Aurora, West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Shaffer.

14. MOTHER'S MAIDEN NAME: Julia (Nordeck) Shaffer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. William Gilmore, Oakland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Myocardial Heart Disease — 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1945, to Feb. 19, 1953, that I last saw the deceased alive on Feb. 19, 1953, and that death occurred at 10 [illegible] m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) — ADDRESS: Oakland Md — DATE SIGNED: 22 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/25/1953 | NAME OF CEMETERY OR CREMATORY: Phillips Cemetery | LOCATION (City, town, or county) (State): Westernport, [illegible]

DATE REC'D BY LOCAL REG. 2/27/53 | REGISTRAR'S SIGNATURE: Julia A. Rowan | 24. FUNERAL DIRECTOR: Emory Bolden — ADDRESS: Oakland, Md.

V.R.

RECEIVED
MAR 10 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) PATRICK (Middle) HAMPTON (Last) HA[illegible]
4. DATE OF DEATH: (Month) (Day) (Year) 2/2[illegible]/1[illegible] 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/11/187[illegible]
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, [redacted]
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): North Glade, [illegible] Garret Co. [illegible]
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY C. HAMILL.
14. MOTHER'S MAIDEN NAME: MARY ANN (PRICE) HAMILL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-22-5[illegible]
17. INFORMANT & ADDRESS: MRS. INEZ KILDOW, OAKLAND? MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 199.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fibromyosarcoma of rt. thigh	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) with widespread metastases	3 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1951, to Feb. 26, 1953, that I last saw the deceased alive on Nov. 26, 1952, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez M.D. (DEGREE OR TITLE) ADDRESS 101 Third St. Oakland, Md DATE SIGNED 3/2/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY
LOCATION (City, town, or county) (State) OAKLAND, MD.

DATE REC'D BY LOCAL REG. 3/3/53
REGISTRAR'S SIGNATURE Julia [illegible] Rowan LR.
24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS OAKLAND? MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS-A15 8-51

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01789

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Accident
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) — (Last) Kahl

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-17-1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Valentine Kahl

14. MOTHER'S MAIDEN NAME: Emeline Hardin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Peter J. Kahl-(brother) Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chr Myocarditis - Arteria Sclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~, 1952, to 2-14-, 1953, that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE — (DEGREE OR TITLE) — ADDRESS — DATE SIGNED

H. B. Messmore — M.D. — Addison Pa. — 2-17-53

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF 2-17-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Old English Lutheran Cem. Accident, Md.

DATE REC'D BY LOCAL REG. Feb 17 1953 — REGISTRAR'S SIGNATURE Kathryn Tike

24. FUNERAL DIRECTOR — ADDRESS: Conroy D. Balden

RECEIVED
FEB
BUREAU V. S.

01740

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Accident MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident, Md Star R. LENGTH OF STAY (in this place) Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident, Md Star Route.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Michael (Last) Keller				4. DATE OF DEATH (Month) 2/7/1953 (Day) (Year) 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11/5/1863	9. AGE last birthday 35 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of a Farm		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Accident, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Keller			14. MOTHER'S MAIDEN NAME Caroline (Boyer) Keller.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Kenneth Keller, Accident, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cardiac Failure & Fibrillation	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sclerotic Cardio-Vascular Disease	Yrs.
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2-6, 1953, to 2-6, 1953, that I last saw the deceased alive on 2-6 53, 19....., and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H Feaster, Jr. M-D		Oakland Md	2-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/8/1953	NAME OF CEMETERY OR CREMATORY Church of the Brethran	LOCATION (City, town, or county) (State) Accident, Md.
DATE REC'D BY LOCAL REG. 2/9/1953	REGISTRAR'S SIGNATURE [signature] LR	24. FUNERAL DIRECTOR Murray D. Bolden	ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 24 1953
BUREAU V. S

Item 9 FilmG152 3/19/53 whw

01741

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

COUNTY Garrett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) 1. Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Wva COUNTY Preston

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aurora.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A (Last) Knotts

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 21 1867

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Knotts

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary Hardisty, (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 177X

Immediate cause (a) Pneumonitis, rt. — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of prostate gland — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31, 1952, to 1/26, 1953, that I last saw the deceased alive on 1/17, 1953, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez — (DEGREE OR TITLE) M.D. — ADDRESS Oakland, Md. — DATE SIGNED 1/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 2/21/53 — NAME OF CEMETERY OR CREMATORY Stemple Ridge Cemetery — LOCATION (City, town, or county) Preston Aurora (State) Wva

DATE REC'D BY LOCAL REG. 2/20/53 — REGISTRAR'S SIGNATURE Julia A Rowan Local R

24. FUNERAL DIRECTOR Wayne C. Spiggle — ADDRESS Davis Wva

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 10 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11742

CERTIFICATE OF DEATH

Reg. Dist. No. 163

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
LENGTH OF STAY (in this place) 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rail-road St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
STREET ADDRESS (If rural, give location) Rail-road St

3. NAME OF DECEASED: (Type or Print) (First) David Aldine (Middle) (Last) Lantz

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/20/1903

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail carrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Mail

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Lantz

14. MOTHER'S MAIDEN NAME: Ellen Helmick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hallie Lantz-Bloomington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

480X

Immediate cause (a) Acute myocardial failure — Interval Between Onset and Death: 1 day.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Broncho-pneumonia — 2 day

DUE TO

(c) Influenza — 6 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1953, to Feb 24, 1953, that I last saw the deceased alive on Feb 24, 1953, and that death occurred at 1 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Thomas Reiver M.D. ADDRESS Westernport Md. DATE SIGNED 2/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/28/53 — NAME OF CEMETERY OR CREMATORY Bloomington Cem — LOCATION (City, town, or county) (State) Bloomington, Md.

DATE REC'D BY LOCAL REG. 2-27-53 — REGISTRAR'S SIGNATURE Dorsey Pattison

24. FUNERAL DIRECTOR ADDRESS Ellsworth S. Boal-Westernport, Md.

VS. A-8 6-51

RECEIVED
FEB 25 1953
BUREAU V. S.

0174?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.-A15 8-51

1. PLACE OF DEATH:
COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Grantsville Md
LENGTH OF STAY (in this place) 55 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Lewis (Middle) Henry (Last) Layman

4. DATE OF DEATH: (Month) Febuary (Day) 9 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June-22-1869	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Garett County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Anthony Layman
14. MOTHER'S MAIDEN NAME: Elizabeth Poleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT & ADDRESS: Grantsville Md Mrs Minnie Margaret Layman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Myocardial infarction	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalyd arteriosclerosis	20 yrs.
DUE TO	(c) Arteriosclerotic senility	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 53, to Feb, 19 53, that I last saw the deceased alive on Feb 5, 19 53, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John T. Whitehill, Jr., M.D. Salisbury, Pa. 2-10-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-12-1953	Mount Zion	Rural Grantsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 10 53	Esther Broadwater	Wm Winterberg	Grantsville Md

01744

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Marion
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Farmington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Adam (Middle) (Last) Lepske
4. DATE OF DEATH (Month) February (Day) 16, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH about 1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY Soft Coal Mines
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? not known no

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 232-05-3375
17. INFORMANT AND ADDRESS Mrs. Wm. L. Evans Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1951, to Feb 15, 1953, that I last saw the deceased alive on Feb 15, 1953, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE S. F. Barrington (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 2/17/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/18/1953
NAME OF CEMETERY OR CREMATORY Catholic Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 2/18/53
REGISTRAR'S SIGNATURE Julia J. Rowan L.R.
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1953
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01745

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Grantsville Md
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Star Route

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Grantsville Md.
STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED: (Type or Print) (First) Bell (Middle) Zora (Last) McDonald

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Apr 18, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): W. Va
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Not known Shrout
14. MOTHER'S MAIDEN NAME: Jane ? Shrout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Frank Turner, Star Route Frostburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4222

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1953, to Feb. 10, 1953, that I last saw the deceased alive on Feb. 10, 1953, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE B H Hoke Jr (DEGREE OR TITLE) ADDRESS Salisbury Penna DATE SIGNED Feb. 11, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Feb 13, 1953 NAME OF CEMETERY OR CREMATORY Glendale Brethren Cem LOCATION (City, town, or county) Flintstone (State) Md

DATE REC'D BY LOCAL REG. Feb 11, 1953 REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR John J. Hofer ADDRESS Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH 01746

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Rural | LENGTH OF STAY (In this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Gery (Middle) Lee (Last) Phillippi
4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1953

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9-18-1952 | 9. AGE last birthday 1 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Elwood Phillippi | 14. MOTHER'S MAIDEN NAME Shirley Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Audrey Gibbs, (Aunt) Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X **Immediate cause** (a) Bronchopneumonia & Pleural Effusion — Interval between ONSET AND DEATH: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asphyxia

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Friendsville | (COUNTY) Garrett | (STATE) Md

TIME OF INJURY (Month) Feb (Day) 15 (Year) 1953 (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Smothered in bed

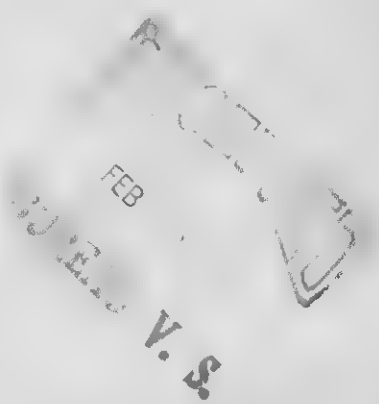
22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M D | ADDRESS Oakland Md | DATE SIGNED 2/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2-18-1953 | NAME OF CEMETERY OR CREMATORY Steel Cemetery | LOCATION (City, town, or county) Friendsville (State) Md.

DATE REC'D BY LOCAL REG. Feb 18, 1953 | REGISTRAR'S SIGNATURE Kathryn Fike | 24. FUNERAL DIRECTOR Emory D. Bolden | ADDRESS

VS. A154


FEB
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01747

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; CITY OR TOWN Oakland; MARYLAND; LENGTH OF STAY (in this place) 10 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY OR TOWN Rural McHenry; STREET ADDRESS (If rural, give location) 1 Mile North McHenry

3. NAME OF DECEASED (Type or Print): (First) Noah (Middle) F. (Last) Pysell

4. DATE OF DEATH: (Month) February (Day) 6, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/5/1864

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Pysell

14. MOTHER'S MAIDEN NAME: Rebecca Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -----

17. INFORMANT AND ADDRESS: Mrs. Mary Crowe Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular accident — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Art. Cardio-vascular disease — years

(c)

4221

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1952, to 5 Feb, 1953, that I last saw the deceased alive on 5 Feb, 1953, and that death occurred at 7:40 A m., from the causes and on the date stated above.

SIGNATURE Thomas J Purby M D (Degree or title) ADDRESS Oakland, Md. DATE SIGNED 5 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/8/1953 — NAME OF CEMETERY OR CREMATORY: Oak Grove Church Cem. — LOCATION (City, town, or county) (State): near McHenry, Md.

DATE REC'D BY LOCAL REG. 2/8/1953 — REGISTRAR'S SIGNATURE Olin T. Rowan — 24. FUNERAL DIRECTOR: Herbert E. Leighton — ADDRESS: Oakland, Md.

L.R

VS. 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
23 24 1953
JALAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01748

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY: GARRETT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: WEST VIRGINIA COUNTY: PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HORSE SHOE RUN
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) CHARLEY	(Middle) EDWARD	(Last) SHAFFER	4. DATE OF DEATH (Month) FEBRUARY (Day) 25, (Year) 1953
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: OCT. 15, 1875	9. AGE last birthday: 77 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): HORSE SHOE RUN, W. VA.	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME: SHAFFER, ELLIE		14. MOTHER'S MAIDEN NAME: EVANS, SERNA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Muriel Brall, Kempton, Maryland		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Hypostatic Pneumonia	2 Days
Antecedent cause(s)	(b) Myocardial Heart Disease	2 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic Heart Disease	7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23/, 1953, to 2/25/, 1953, that I last saw the deceased alive on 2/24/, 1953, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. E. Mance	MD	Oakland Md	26 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 2/27/53	NAME OF CEMETERY OR CREMATORY: Texas Cemetery	LOCATION (City, town, or county): Horse Shoe Run (State): W. Va.
DATE REC'D BY LOCAL REG.: 2/27/53	REGISTRAR'S SIGNATURE: Julia A. Rozier LR	24. FUNERAL DIRECTOR: Wayne C. Spiggle	ADDRESS: Davis, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AN

RECEIVED
MAR 10 1953
BUR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01749

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville
LENGTH OF STAY (in this place): 50yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) Ida (Middle) — (Last) Shevil

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-27-1877

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Kerling

14. MOTHER'S MAIDEN NAME: Clara Teats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: (daughter) Mrs. Effie Shipley—Friendsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 260X

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	7 years
	DUE TO (c) Diabetes Mellitus	3 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to Feb 9, 1953, that I last saw the deceased alive on Feb 9, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Milton Tepfer M.D. Friendsville, Md. Feb 14 1953.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2-15-1953

NAME OF CEMETERY OR CREMATORY: Friendsville - Savage Addition.

LOCATION (City, town, or county) (State): Friendsville, Md.

DATE REC'D BY LOCAL REG. Feb 14 1953

REGISTRAR'S SIGNATURE: Kathryn Fike.

24. FUNERAL DIRECTOR ADDRESS: Emroy D Belden

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01750

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
LENGTH OF STAY (in this place) 52 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) Elizabeth (Last) Speicher

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 1, 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home Owner

11. BIRTHPLACE (State or foreign country): Keyersdale Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joel Gnagey

14. MOTHER'S MAIDEN NAME: Catherine Fike

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr Coit Speicher Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1
Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 1 year
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerosis — 2 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 10 years

19a. DATE OF OPERATION: none **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 21, 1946, to Feb. 15, 1953, that I last saw the deceased alive on Feb. 13, 1953, and that death occurred at 2 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Milton Tepper M.D. Friendsville Md. Feb 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-19-1953 — NAME OF CEMETERY OR CREMATORY — Brethern — LOCATION (City, town, or county) (State) Rural Accident Md

DATE REC'D BY LOCAL REG. Feb 17 53 — REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg — ADDRESS Grantsville Md

2,96

FEB
RIEFAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01751

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Garrett County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gransville (rural) — LENGTH OF STAY (in this place) LO Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural Route

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gransville (Rural)
STREET ADDRESS (If rural, give location) Rural Route

3. NAME OF DECEASED (Type or Print): (First) Sidney (Middle) Shriver (Last) Timney

4. DATE OF DEATH: (Month) Feb, (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug, 2. 1861

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Bittinger, Garrett Co, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jacob Fazenbaker

14. MOTHER'S MAIDEN NAME: Polly Fazenbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Silas Bittinger (Daughter)

18. MEDICAL CERTIFICATION Gransville, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 ×

Immediate cause (a) Myocardial infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) Diabetis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to Feb, 1953, that I last saw the deceased alive on Dec, 1952, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE: John T. Whitehill, Jr., M.D. — (Degree or title) — ADDRESS: Salesbury, Pa. — DATE SIGNED: 2-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb, 24, 1953 | NAME OF CEMETERY OR CREMATORY: Bittinger Cemetery. | LOCATION (City, town, or county) (State): Gransville, Md. Rural

DATE REC'D BY LOCAL REG.: Feb-23/53 | REGISTRAR'S SIGNATURE: Esther Broadwater | 24. FUNERAL DIRECTOR ADDRESS: George Eichhorn Lonaconing, Md.

RECEIVED
FEB 25 1953
BUREAU V. S.

01752

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Oakland, Md. Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Terra Alta, W.Va. COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) (Last) Wolfe
4. DATE OF DEATH (Month) Feb. (Day) 23. (Year) 1953
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/15/72
9. AGE last birthday 80-7-8 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cranesville, W.Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME David Wolfe
14. MOTHER'S MAIDEN NAME Elizabeth Faulkner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ada Metheny, Terra Alta, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Hypostatic pneumonia	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Heart Disease	4 years
	(c) Arterio Sclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26, 1949, to 2-17, 1953 that I last saw the deceased alive on 2-17, 1953 and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 24 Feb 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 26, 53
NAME OF CEMETERY OR CREMATORY Cranesville, W.Va.
LOCATION (City, town, or county) (State) Cranesville, W.Va.

DATE REC'D BY LOCAL REG. 2/26/53
REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR A. F. Collins Terra Alta W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.